

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RESTORATION PAC			FEC IDENTIFICATION NUMBER ▼ C C00571588		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Communications Counsel, Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2022		
Mailing Address 203 Broadway East #337			Amount 225000.00		
City State Zip Code Granville OH 43023		Transaction ID : SE.21300 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2022			
Purpose of Expenditure Radio production and placement		Category/Type 004			
Name of Federal Candidate BLUMENTHAL, RICHARD, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought		225000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Communications Counsel, Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2022		
Mailing Address 203 Broadway East #337			Amount 26000.00		
City State Zip Code Granville OH 43023		Transaction ID : SE.21295 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2022			
Purpose of Expenditure Peer-to-peer messaging		Category/Type 004			
Name of Federal Candidate KELLY, MARK, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		276000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			251000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gewont, Janina, , ,		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2022	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Nebo Media, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2022
Mailing Address PO Box 9825		Amount 500000.00
City Arlington	State VA	Zip Code 22219
Purpose of Expenditure TV advertising (additional placement)	Category/Type 004	Transaction ID : SE.21297 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2022
Name of Federal Candidate HASSAN, MARGARET WOOD, ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1134838.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	500000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	751000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gewont, Janina, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 03 / 2022

Signature